

In re Application of:  
 WATARU SATO, et al.  
 Application No.: 10/003,099  
 Filed: December 6, 2001  
 For: LASER DEVICE AND LENS POSITION  
 ADJUSTMENT METHOD IN THE  
 LASER DEVICE



Docket No.  
 02910.000010  
 Examiner: D. Nguyen  
 Group Art Unit: 2828  
 Date: September 8, 2003 (Monday)

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 SEP 12 2003

TECHNOLOGY CENTER 2800

The Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 36	MINUS	** 36	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 11	MINUS	*** 11	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being  
 deposited with the United States Postal Service as first-  
 class mail in an envelope addressed to: Commissioner  
 for Patents, P.O. Box 1450, Alexandria, VA 22313-  
 1450 on 9/8/03

(Date of Deposit)

Andrew D. Mjekelsen, Reg. No. 50,957  
 (Agent or Attorney for Applicant)  
9/8/03  
 Signature Date of Signature

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.

A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



\_\_\_\_\_  
Attorney for Applicants

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200